

<b>Case Number:</b>	CM15-0139609		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	09/16/2014
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 45-year-old male, who sustained an industrial injury on 9-16-2014. He reported that a loaded trailer ran over his left foot. The injured worker was diagnosed as having left leg pain, left foot pain, left ankle sprain, crush injury to the left foot, and contusion of left foot. Treatment to date has included magnetic resonance imaging of the left ankle in 12-2014, deep vein thrombosis ultrasound in 3-2015, Bledsoe boot, electrodiagnostic testing in 5-2015, and medications. Currently, the injured worker complains of increased pain at the base of the first toe and primarily the dorsal-proximal foot, with numbness. He noticed left big toe hyperextended anytime he tried to move it back. Pain was rated 10 out of 10. Current medication regimen was not noted but included Neurontin. He was not working. The treatment plan included magnetic resonance imaging of the left ankle and foot, with and without contrast.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**MRI Left Ankle/Foot with/without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361 - 382.

**Decision rationale:** The patient is a 45-year-old male with a left foot/ankle crush injury on 09/16/2014. He had MRI of the left ankle/foot area in 12/2014. He had a DVT in 03/2015 and electrodiagnostic testing in 05/2015. There is no documentation of a new injury. There is no documentation of any new red flag signs. The requested MRI is not consistent with MTUS, ACOEM guidelines since there is no new injury and there are no new red flag signs. The MRI is not medically necessary.